

Agenda item PU2012/63		
<b>DATE OF BOARD MEETING:</b> 24 May 2012	<b>Category of Paper</b> Tick(✓)	
<b>Executive Director Lead:</b> Philomena Corrigan: Director of Delivery and Service Transformation	<b>Decision and Approval</b>	✓
<b>Paper Author:</b> Kerry Weir: Deputy Director of Performance Graham Brown: Performance Manager	<b>Position Statement</b>	✓
<b>Paper Title:</b> NHS Airedale, Bradford and Leeds Joint Performance Report	<b>Information</b>	
	<b>Confidential Discussion</b>	

## **SUMMARY**

1. This report provides an overview of performance against key performance indicators for the constituent PCTs of the NHS Airedale, Bradford and Leeds Cluster. The report will enable members of the Board to understand the key performance issues facing the Cluster organisation. The report on this occasion shows a partial evolution toward the 2012/13 Operating Framework, whilst also showing end of year data for 2011/12.

## **BACKGROUND**

2. The background for the report provides context for delivery of the Cluster's strategic level and operational plans. It does this through the provision of performance information on key indicators.

## **FINANCIAL IMPLICATIONS AND RISK**

3. The report identifies strategic level performance risks, in terms of specific indicators. There is increased pressure in the system, especially in respect of Leeds Teaching Hospitals performance, which is covered at the relevant point in the report. There are no identified new financial implications for the proposed approach to performance management.

## **COMMUNICATIONS AND INVOLVEMENT**

4. The report content shows how the PCT Cluster is performing, a key factor in effective communication with patients, partners and other stakeholders.

## **PUBLICATION UNDER FREEDOM OF INFORMATION ACT**

5. This paper has been made available under the Freedom of Information Act.

## **RECOMMENDATION**

6. The Cluster Board is asked to:  
(a) **Receive** the Joint Performance Report.

# **Performance Scorecard**

May 2012

## Performance Scorecard

### Key:

Below the threshold

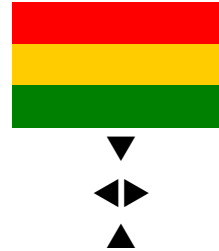
Below target/mean, but above threshold

Equal to or better than target/mean

Worse than previous position

Same as previous position

Better than previous position



RAG tolerances have been applied as follows:

- a) Against local target, but if not available,
- b) Against national target/standard, but if not available,
- c) Against national mean

Thresholds for achievement are applied where there is a tolerance around a specific target. Thresholds vary according to the circumstances. For example, ambulance call wait times have a tolerance of 5% of the target applied. In practice this works out to mean that with performance of 75%, this is described as achieved, below that down to 71.3% underachieved, and below 71.3%, failure to achieve. Thresholds are used to provide some flexibility in interpretation of performance. Thresholds are a mixture of DH guidance and where there is no such guidance, local intelligence and best practice is used.

Some thresholds also vary across the cluster. This could be a result of different starting positions in NHS Bradford & Airedale and NHS Leeds; it could also be because of different populations. An example of this are the mortality indicators, which are intended to describe the health of the local populations of the constituent PCTs of the Cluster body.

Preventing people from dying prematurely	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Ambulance category A calls responded to within 8 mins	Mar 2012	79.5%	▲	74.1%	77.9%	▲	77.9%			
Ambulance category A calls responded to within 19 mins	Mar 2012	98.8%	▲	98.2%	98.8%	▲	98.8%			
Cancer diagnosis to treatment - 31 day standard	Feb 2012	96.4%	▼		98.6%	▲		Feb 2012	98.5%	98.5%
Cancer 31 day standard for subsequent treatment - Surgery	Feb 2012	97.5%	▲		98.1%	▼		Feb 2012	97.5%	97.7%
Cancer 31 day standard for subsequent treatment - Drug	Feb 2012	100.0%	▲		100.0%	◀		Feb 2012	99.9%	99.7%
Cancer 31 day standard for subsequent treatment - Radiotherapy	Feb 2012	100.0%	▲		100.0%	▲		Feb 2012	99.9%	98.3%
Cancer 62 day standard - referral to treatment	Feb 2012	80.7%	▲		82.6%	▼		Feb 2012	86.5%	85.9%
Cancer 62 day wait for first treatment - referral from screening	Feb 2012	100.0%	▲		90.0%	▼		Feb 2012	95.4%	94.4%
Cancer 62 day wait for first treatment - consultant upgrade	Feb 2012	66.7%	▲		100.0%	◀		Feb 2012	97.2%	92.5%
Breast cancer screening offered (aged 47-49 and 71-73)	Mar 2012	22.6%	▲		63.2%	▲		Mar 2012	54.3%	53.6%
Bowel screening offered (aged 70-75)	Dec 2011	87.7%	▲		4.1%	▼		Dec 2011	63.0%	46.7%
4-week smoking quitters (% of target)	Feb 2012	82.8%	▲		107.1%	▲				

Ambulance - Category A response times	Reporting period	Yorkshire Ambulance Service		
		Current	Improvement	YTD
Ambulance category A calls responded to within 8 mins	Mar 2012	76.3%	▲	75.7%
Ambulance category A calls responded to within 19 mins	Mar 2012	97.8%	▲	97.9%

**Key:**

Below the threshold

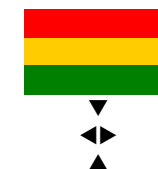
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**Bradford & Airedale**

Performance remains below target for the 62 day and consultant upgrade cancer targets. Whilst performance at BTHFT against the 62 day standard continues to improve, year end failure to meet this national target invokes a mandated contractual consequence of 2% of annual outturn value of the cancer service line. A series of revised action plans have been developed for discussion at the Trust's Board meeting, after which they will be shared with NHSBA. The Trust is being supported by NHSBA, the Trust's internal service improvement team and the Yorkshire network.

Breast cancer screening performance remains below the national and regional averages. NHS Calderdale is Lead Commissioner for the Pennine Breast Screening Programme and acts on behalf of Bradford and Airedale Calderdale, Kirklees and North Yorkshire and York PCTs. Digitalisation has been commissioned and there is a plan for its implementation. However, there has been a delay in the delivery of the machines at BTHFT which were expected to be in place by March /April 2012.

Following a data audit revised figures for 4 week smoking quitters YTD 2011/12 provides some assurance that the Q4 targets for the numbers of smokers setting a quit date and progressing to quit by 4 weeks will be achieved.

**Leeds**

Cancer 62 day referral to treatment, whilst showing as amber, is improving for both the PCT as a commissioner and LTHT as provider. The commissioning body performance is used above. The main issue in this field has been in fact with LTHT's performance over the year - which is obviously a contractual concern for NHS Leeds. It is likely that LTHT will fail to deliver the standard over the whole year, 2011/12. However, more recent performance especially that seen in April, shows that the standard is now being achieved. This gives some measure of assurance to the PCT. It is also important to stress that the latest information will likely show that the performance of NHS Leeds, as the commissioning body, is at the required level.







Enhancing quality of life for people with long term conditions	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Early intervention in psychosis services - New cases	Mar 2012	71	▲	217	40	▲	137			
Crisis resolution services - Number of home treatment episodes	Mar 2012	349	▼	1,436	454	▼	2,013			
CPA 7 day follow-up rate	Mar 2012	97.9%	▲		96.5%	▲		Dec 2011	97.2%	97.3%
Improve access to psychological therapy: % receiving treatment	Mar 2012	1.7%	▲		0.6%	◀▶		Dec 2011	2.1%	2.1%
Improve access to psychological therapy: % Moving to recovery	Mar 2012	57.0%	▲		49.8%	▲		Dec 2011	40.6%	38.7%
NHS healthchecks offered (40-74) YTD	Mar 2012	1.6%	▲	1.6%	17.3%	▲	17.3%	Dec 2011	6.5%	9.5%

Helping people to recover from episodes of ill health or following injury	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Delayed transfers of care - Acute and non-acute (Over 18s per 100,000)	Mar 2012	1.5	◀▶		10.3	▼		Dec 2011	7.9	9.6
Emergency admissions for 19 ambulatory conditions (per 100,000)	Q3 2011/12	554.5	▼		418.7	▲		Q3 2011/12	452.8	402.2
Quality of stroke care (90% time on stroke unit)	Mar 2012	68.0%	▼		81.2%	▼		Dec 2011	83.3%	83.0%

Treating and caring for people in a safe environment and protecting them from avoidable harm	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
MRSA	Mar 2012	1	▼	8	1	▲	27	Mar 2012	12	
C.Diff	Mar 2012	20	▼	263	9	▼	368	Mar 2012	137	

% of adult patients admitted and assessed for risk of VTE	Reporting period	Current	Improvement	YTD
BTHFT	Feb 2012	96.4%	▲	
AHTFT	Feb 2012	97.4%	▼	
LTHT	Feb 2012	94.3%	▲	
Y&H SHA	Feb 2012	93.6%	▼	
England	Feb 2012	92.6%	▲	

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### **Bradford & Airedale**

The % of the eligible population offered a health check at Q4 is below target as expected. The cluster and Bradford and Airedale CCGs have reviewed the plan for 2012/13 and are now committed to revisiting the approach to offering health checks in order to secure delivery of the national trajectory. The plan includes: Standardised review of all practice lists; Systemised call and recall processes; Standard service specification and governance framework; Agreement of LMC; Robust Communications Plan; Reach those with 20% 10 year cardiovascular risk in year 1 and; Reach those with 15% 10 year cardiovascular risk in year 2.

Emergency admissions for ACS conditions remain higher than both regional and national averages. Work is ongoing around the re-design of a number of ACS pathways of care.

Trust level performance for BTHFT against the stroke indicator, although showing improvement, continued to be below the 80% threshold in February. £100,000 continues to be withheld contractually from BTHFT for each month that they fail to deliver their remedial action plan.

Overall 2011/12 performance against the C.diff target for 2011/12 is 262 against a DH allocated target of 205. This is above 2010/11 performance of 257 reported incidents. Of the total reported incidents in 2011/12, 57% were community acquired, a slight reduction on the 2010/11 position of 62%. A number of PCTs in the region have failed in their C.diff targets, resulting a meeting of commissioning organisations in the north of England hosted by the Strategic Health Authority to discuss shared learning on Cdiff management.

Initiatives in the NHS Bradford and Airedale area include the formation of a C.diff Task force which agreed to the extension of the C.diff card system already used in the North West region and recently introduced in Leeds into the Bradford and Airedale area. This highlights to healthcare staff those patients who have previously been diagnosed as C.diff positive and is aimed at cutting re-infection rates. The antimicrobial prescribing guidelines for community staff have also been updated and re-launched. At BTHFT they have had an external expert review of their management of C.diff which has made recommendations for improvement. An action plan has been formulated as a result of this with plans to also improve antimicrobial prescribing within the trust and increase senior clinical review of antimicrobial usage. There are also plans in relation to improving time to isolation of affected cases and to improve cleaning. AHFT have undertaken root cause analysis investigations into their C.diff cases, which have also highlighted issues if antimicrobial prescribing which are being addressed. Both BTHFT and AFT are participating in the C.diff card initiative.

### **Leeds**

MRSA and C.diff cases were well over the annual planned maximum levels for 2011/12, although were below the monthly run rates for several months at the end of the year. Remedial actions were put in place following the increase in C.diff cases, some of which were - LTHT and NHS Leeds revised their HCAI action plans; an increased emphasis on working across the hospital/community interface has been reinforced to address the fact that C.diff is a whole health economy issue; Root Cause Analysis continue to be carried out in hospital and the community, with the development and implementation of resulting improvement plans. Some other actions are rigorous performance meetings between NHS Leeds and LTHT and continuing to stress the importance of prevention and good management of community cases of C.diff, with a specific action plan monitored by the multidisciplinary NHS Leeds team. Other points are that C.diff numbers for both LTHT and NHS Leeds have declined since the end of 2011 and C.diff numbers have hit monthly trajectories since November (LTHT) and December (NHS Leeds); the number of C.diff cases where poor community prescribing is implicated is falling. Proactive education for GPs around prescribing continues to be led by medicines management and prescribing of quinolones and cephalosporins is falling as a result. It is also worth noting that relapsing cases of C.diff still account for approximately one third of all community cases. Improved information for patients about self care following diagnosis and a card carrying initiative have been launched to address this. More recent performance for April (not captured in this report) specifically for MRSA, is giving some cause for concern. The maximum number of cases for both LTHT and NHS Leeds was exceeded. It is too early to give more detail, as the cases are subject to root cause analysis.

Following a detailed multi-stakeholder review of delayed transfers of care processes, a revised coordination and validation process was agreed and implemented during Q4 2011/12. The outcome is that there has been a significant reduction in the absolute numbers of delays reported as from mid February. Delayed transfers of care are currently running at levels in the region of 5-6 per 100,000 adult population (yet to be validated), significantly down on the figure reported here.

Ensuring that people have a positive experience of care	Reporting period	NHS Bradford and Airedale			NHS Leeds			Reporting period	Y&H	England
		Current	Improvement	YTD	Current	Improvement	YTD			
Cancer urgent referral to first outpatient appointment waiting times	Feb 2012	97.5%	▲		95.8%	▼		Feb 2012	97.1%	96.5%
Cancer two week wait for breast symptoms	Feb 2012	95.5%	▲		94.6%	▼		Feb 2012	95.8%	96.2%
Access to primary dental services (within last 24 months)	Mar 2012	300,952	▼		425,655	▲				
12 week maternity appointments	Mar 2012	84.2%	▲		94.9%	▼		Dec 2011	88.4%	86.9%
Breastfeeding initiation	Mar 2012	66.0%	▼		69.9%	▲		Dec 2011	68.6%	74.1%
Breastfeeding at 6-8 weeks	Mar 2012	40.7%	▼		46.8%	▼		Dec 2011	35.9%	47.0%
Health visitor numbers (WTEs)	Mar 2012	116.7	◀▶		131.8	▲				
18 week RTT - % admitted	Feb 2012	91.9%	▼		86.6%	▼		Feb 2012	90.6%	91.2%
18 week RTT - % non admitted	Feb 2012	98.8%	▲		97.3%	▼		Feb 2012	97.6%	97.1%
18 week RTT - % incomplete pathways	Feb 2012	91.5%	▲		95.4%	▲		Feb 2012	93.5%	92.6%
Diagnostic waiters (% seen within 6 weeks)	Feb 2012	96.8%	▲		99.4%	▼		Feb 2012	98.4%	99.9%
Mixed sex accommodation breaches (rate per 1,000 FCEs)	Mar 2012	0.00	◀▶		0.00	▲		Mar 2012	0.00	0.30
Choose and Book (1st outpatient booking) GP utilisation %	Mar 2012	71.0%	▲		62.0%	▲		Mar 2012	54.7%	53.6%
Complaints: Number	Mar 2012	2	▼		16	▲				
Complaints: % responded to within agreed timescales	Mar 2012	100.0%	▲		100.0%	◀▶				
PALS: Number of calls received	Mar 2012	974	▲		1,093	▲				

A&E waiting times (Type 1 - % seen in 4 hours)	Reporting period	Current	Improvement	YTD
BTHFT	Mar 2012	95.6%	▼	
AHTFT	Mar 2012	97.6%	▲	
LTHT	Mar 2012	94.3%	▲	
Y&H SHA	Mar 2012	94.9%	▲	
England	Mar 2012	94.1%	▲	

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Patient experience of hospital care (Inpatients)	Reporting period	Current	Improvement	YTD
BTHFT	2011	7.7	▲	
AHTFT	2011	7.9	◀▶	
LTHT	2011	7.7	▲	

**Bradford & Airedale**

BTHFT performance against the national midwifery assessment target has improved to 88.6% in February, whilst the revised measure for women presenting in time was 95.5%. The trust is underachieving against the 90% target for those women who present late who are seen within 2 weeks. Performance against the latter two indicators will be subject to financial penalties in 2012/13.

Data reported to NHSBA for the number of Health Visitors currently in post at BDCT as at March 2012 demonstrates a continuing downward trend. The current position is very concerning in terms of progress towards implementation of 10 extra health visitors in 2011/12. Both quarterly milestones set by the SHA have not been met this year with just 5 of the 10 new health visitors in post and a shortfall of 8 health visitors against PCT planned establishment. For 2012/13 increasing health visiting numbers is a mandated KPI within the contract and formal financial penalties can be applied for under performance. Current feedback has been that the service is unable to prevent Health Visitors from leaving, and that recruitment is being undertaken.




**Leeds**

The 18 week RTT admitted standard for both NHS Leeds and LTHT is continuing to fail to improve and an increasing emphasis is being placed on moving more quickly to achievement. The SHA are reflecting wider concerns to the continuing situation, which is caused partly by a backlog of patients waiting longer than the standard at LTHT. Whilst the backlog is being gradually cleared, with some direct support from NHS Leeds, it is not moving fast enough, it is clear - and both the SHA and the PCT are now seeking a clear pathway to recovery that brings performance back into line during Q1.

A&E waiting times at LTHT are likewise giving serious concern. Performance is not improving as we move into April and May from that shown above. The PCT have made it clear that this situation is not acceptable, as have the SHA. The PCT have made further offers of support for both A&E services direct and also in helping ensure patients do not present to A&E without good reason. The PCT are seeking to ensure that achievement of the performance standard is of the very highest priority for LTHT and that it is reached and sustained without further delay. A further verbal update will be given at the meeting.

Organisational	Reporting period	NHS Bradford and Airedale			NHS Leeds		
		Current	Improvement	YTD	Current	Improvement	YTD
Sickness Absence Rate	Mar 2012	3.7%	▼		4.3%	▼	
Labour Turnover	Mar 2012	19.4%	▲		10.7%	▼	
% Agency spend	Mar 2012	1.0%	◄►		n/a	◄►	
Staff with appraisals	Mar 2012	43.9%	▲		55.9%	▼	
% BME Staff	Mar 2012	15.9%	▲		9.8%	▼	
Fire Training	Mar 2012	55.1%	▲		83.5%	▼	
Moving & Handling Training	Mar 2012	73.0%	▲		68.1%	▼	
Infection Prevention & Control Training	Mar 2012	67.1%	▲		90.6%	▼	
Information Governance Training	Mar 2012	88.0%	▲		90.6%	▼	
Induction Training	Mar 2012	n/a	◄►		100.0%	◄►	
Slips, Trips & Falls Training	Mar 2012	36.4%	▲		92.4%	▼	
Number FOIs received (that have been closed)	Mar 2012	93	▲	387	65	▼	342
FOIs - % responded to within deadline (that have been closed)	Mar 2012	100.0%	▲	94.8%	100.0%	◄►	100.0%

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- Same as previous position ◄►
- Better than previous position ▲

**Bradford & Airedale**

All training compliance has increased due to a push from the Learning & Development team. The new Slips, Trips and Falls courses is improving and the Health and Safety manager will be further promoting it. The IG team have had a major push on training and this shows in the figures.

More Fire Safety assessors have been trained this month so more one-to-one sessions can go ahead ensuring an improvement in Fire Safety compliance.

Monthly reports on individual training compliance will continue to be sent to line managers and directors in a bid to further improve percentages.



Activity		Reporting period	NHS Bradford and Airedale		NHS Leeds	
			Current	Change	Current	Change
	Elective G&A Ordinary Admissions (FFCEs)	Feb 2012	1,246	▼	1,924	▼
	Elective G&A Daycase Admissions (FFCEs)	Feb 2012	5,248	▼	6,153	▲
PHS11	Elective G&A Total Admissions (FFCEs)	Feb 2012	6,494	▲	8,077	▼
	Elective G&A Planned Ordinary Admissions (FFCEs)	Feb 2012	252	▼	410	▲
	Elective G&A Planned Daycase Admissions (FFCEs)	Feb 2012	1,822	▼	1,296	▲
	Elective G&A Planned Total Admissions (FFCEs)	Feb 2012	2,074	▼	1,706	▲
	Elective G&A Admissions (FFCEs) - NHS Treatment Centres (TCs)	Feb 2012	0	▼	8	◄►
PHS06	Total Non-elective G&A Admissions (FFCEs)	Feb 2012	5,726	▼	6,832	▼
	GP Referrals Made (All specialties)	Feb 2012	8,058	▲	13,654	▼
	GP Referrals Seen (All specialties)	Feb 2012	5,900	▼	10,280	▼
PHS07	GP Referrals Made (G&A)	Feb 2012	7,663	▲	13,536	▼
PHS09	GP Referrals Seen (G&A)	Feb 2012	5,430	▼	10,081	▼
PHS08	Other Referrals Made (G&A)	Feb 2012	5,993	▼	9,602	▲
PHS10	All 1st Outpatient Attendances (G&A)	Feb 2012	11,147	▼	18,117	▼
PHQ21	RTT: Incomplete Pathways	Feb 2012	22,827	▲	40,253	▼
	Diagnostic waits >6wks number	Feb 2012	240	▼	47	▼
	Diagnostic waits total number	Feb 2012	7,562	▼	7,846	▼
PHQ22	Diagnostic waits - 6wks %	Feb 2012	3.17%	▼	0.60%	▼
PHS13	Ambulance urgent & emergency journeys	Mar 2012	9,350	▲	8,888	▲

Type1 A&E Attendances		Reporting period	Current	Change
SRS16_01	BTHFT	Mar 2012	13,268	▲
	AHTFT	Mar 2012	5,546	▲
	LTHT	Mar 2012	19,909	▲

All A&E Attendances		Feb 2012	Current	Change
SRS16_02	BTHFT	Mar 2012	13,268	▲
	AHTFT	Mar 2012	5,546	▲
	LTHT	Mar 2012	22,691	▲

The lines shown here are new to the Board report, though they have been used for some time within the Operating Framework. They are shown at this time due to the increased focus on activity levels, especially in this period of increased financial challenge. They are also seen as vital to local level understanding for the maturing CCGs as they evolve to take over the performance agenda, from the PCT Cluster.

Whilst there are some longstanding issues in the way in which this data is interpreted, it is useful to understand that NHS commissioners are performance managed on these indicators. Any issues of interpretation will be dealt with as they arise within the report. Data for 2012/13 will also be shown for future editions of this report, set against the plans as submitted to the SHA and DH. This will allow greater transparency for both the PCT Cluster Board and CCGs.